

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10672764 FILING DATE _____
APPLICANT(S) _____

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
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28	/					
29		(13)				
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32		/				
33		/				
34		/				
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36		/				
37		/				
38		4				
39		4				
40		10				
41		10				
42		10				
43		10				
44		10				
45		(12)				
46		(15)				
47		15				
48		15				
49		15				
50		4				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIMS						
	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						